



Volunteer Registration

Emergency Preparedness
 707 N. Armstrong Pl., Boise,
 ID 83704-0825
 Tel. (208) 327-8542
 Fax (208) 327-8554
cdhd.idaho.gov

Central District Health Department (CDHD) has a lead role to respond to natural or man-made public health emergencies or disasters. The Medical Reserve Corps (MRC) program is designed to recruit, train, and develop partnerships that serve the community. Anyone can become a member of the Medical Reserve Corps program; in an emergency CDHD will need a large number of both medical and non-medical volunteers.

Volunteers can contribute their time and talents during an emergency or throughout the year by participating in our training and exercises. CDHD Medical Reserve Corps program serves Ada, Boise, Elmore and Valley counties. If you would like to help your community in times of need, complete and return this form to our office or you can register on-line.

Personal	First Name		Last Name		County of Residency	
	Street Address		City	State	Zip Code	Date of Birth
						__/__/____
	Daytime Telephone		Cell Number		Email (Please Print Legibly)	
	()		()			
Volunteer Interest	Emergency Contact Information					
	First Name		Last Name		Contact Phone Number	
	Which of these specific service categories are you interested in volunteering for?					
	<input type="checkbox"/> Physician Volunteer – performs a range of physician services in an emergency clinical setting. <input type="checkbox"/> Nurse Volunteer – performs clinical evaluations in an emergency clinical setting. <input type="checkbox"/> Pharmacist Volunteer – performs pharmaceutical services in an emergency clinical setting. <input type="checkbox"/> Support Staff Volunteer – performs a wide variety of tasks in an emergency clinical setting.					
	Level of Participation Desired: I prefer to receive notification of:					
Optional	<input type="checkbox"/> Active: All trainings, drills & exercises. Emergency events, as well as non-emergency volunteer opportunities. <input type="checkbox"/> Limited: Training drills and exercises and all emergency events. <input type="checkbox"/> Emergency Only: Major emergency events.					
	CONFIDENTIALITY STATEMENT: As a volunteer I recognize and understand the need and the importance of maintaining the confidentiality of all clients and related information, and do hereby agree to keep that confidentiality.					
	Signature:			Date:		
MRC Contact	Occupation, work and/or volunteer experience:					
MRC Contact	Medical Reserve Corps Contact Information			On-line Registration Information: two option to register		
	Mail to: Joca Veloz, MRC Coordinator, 707 N. Armstrong Pl, Boise ID. 83704-0825 E-mail to: jveloz@cdhd.idaho.gov Fax to: (208) 327-8553			1) CDHD On-line registration: http://cdhd.idaho.gov/Conf/vol.cfm 2) Register through the Idaho Preparedness Learning Management System: Complete application by going into the Volunteer Center https://www.idahoprepares.com		

“Central District Health Department promotes wellness in our communities through education, prevention of disease and disability, and preservation of the quality of our environment.” - Mission Statement

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